

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90005 048 ****55.00

DOCUMENT # Z00199

1. Entity Name

MEDLEY WAREHOUSES, L.C.

Principal Place of Business

**2600 DOUGLAS ROAD.
 SUITE 406
 CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD.
 SUITE 406
 CORAL GABLES FL 33134**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0187395

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER, THOMAS R., JR.
 801 BRICKELL AVE.
 SUITE 1901
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **M** ☐ Delete
 NAME **NUBRO CORPORATION, N.V.**
 STREET ADDRESS **1600 MICANOPY AVE.**
 CITY-ST-ZIP **COCONUT GROVE FL 36313-3**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** ☐ Delete
 NAME **SUNNYVILLE CORPORATION,**
 STREET ADDRESS **2600 DOUGLAS RD.#406**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SUNNYVILLE CORP

SERGIO R. FERNANDEZ

Feb 13/2002 (305) 461-9941

Date

Daytime Phone #

CR2E083 (9/01)